

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
<u>FEES DETERMINATION</u>	<u>AM</u>		<u>8/23/00</u>
<u>O.I.P.E. CLASSIFIER</u>	<u>AM</u>		<u>8/23/00</u>
<u>FORMALITY REVIEW</u>	<u>HG</u>	<u>545</u>	<u>8/23/00</u>
<u>RESPONSE FORMALITY REVIEW</u>			<u>10-3-00</u>

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral) .....	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
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Claim	Date
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Claim	Final Original	Date
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If more than 150 claims or 10 actions  
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